

ST. MARY'S CARE CENTER

3401 MAPLE GROVE DRIVE

MADISON 53719

Phone: (608) 845-1000

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 184

Total Licensed Bed Capacity (12/31/02): 184

Number of Residents on 12/31/02: 165

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

164

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		49.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		34.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.5		More Than 4 Years		16.4
Day Services	No	Mental Illness (Org./Psy)	10.3	65 - 74	11.5				-----
Respite Care	No	Mental Illness (Other)	1.2	75 - 84	30.9				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.5		*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	6.7		Full-Time Equivalent		
Congregate Meals	No	Cancer	2.4		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.2		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	10.9	65 & Over	94.5		-----		
Transportation	No	Cerebrovascular	13.3		-----		RNs		8.7
Referral Service	No	Diabetes	1.2	Sex	%		LPNs		12.1
Other Services	No	Respiratory	3.6	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	52.1	Male	24.8		Aides, & Orderlies		46.8
Mentally Ill	No		-----	Female	75.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

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## Method of Reimbursement

			Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	25	100.0	305	85	97.7	115	5	100.0	115	47	100.0	182	0	0.0	0	1	100.0	250	163	98.8
Intermediate	---	---	---	2	2.3	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	25	100.0		87	100.0		5	100.0		47	100.0		0	0.0		1	100.0		165	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
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Percent Admissions from:		Activities of		% Needing Assistance of		% Totally		Total	
		Daily Living (ADL)		One Or Two Staff		Dependent		Number of Residents	
Private Home/No Home Health	2.3	Bathing	4.2	81.8	13.9	165			
Private Home/With Home Health	0.0	Dressing	7.9	81.8	10.3	165			
Other Nursing Homes	2.1	Transferring	12.1	71.5	16.4	165			
Acute Care Hospitals	94.5	Toilet Use	9.1	75.2	15.8	165			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	38.2	57.0	4.8	165			
Rehabilitation Hospitals	0.0	*****							
Other Locations	1.1								
Total Number of Admissions	562	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	11.5	Receiving Respiratory Care	21.8				
Private Home/No Home Health	2.7	Occ/Freq. Incontinent of Bladder	43.6	Receiving Tracheostomy Care	0.0				
Private Home/With Home Health	47.5	Occ/Freq. Incontinent of Bowel	29.7	Receiving Suctioning	0.0				
Other Nursing Homes	5.1			Receiving Ostomy Care	1.2				
Acute Care Hospitals	21.6	Mobility		Receiving Tube Feeding	1.2				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	21.8				
Rehabilitation Hospitals	0.0								
Other Locations	9.5	Skin Care		Other Resident Characteristics					
Deaths	13.6	With Pressure Sores	6.7	Have Advance Directives	100.0				
Total Number of Discharges		With Rashes	1.2	Medications					
(Including Deaths)	550			Receiving Psychoactive Drugs	67.9				

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		This Facility	Ownership:		Bed Size:		Licensure:		All Facilities
		%	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		89.1	87.5	1.02	85.7	1.04	85.3	1.04	85.1 1.05
Current Residents from In-County		0.0	79.3	0.00	81.9	0.00	81.5	0.00	76.6 0.00
Admissions from In-County, Still Residing		0.0	21.8	0.00	20.1	0.00	20.4	0.00	20.3 0.00
Admissions/Average Daily Census		342.7	124.6	2.75	162.5	2.11	146.1	2.34	133.4 2.57
Discharges/Average Daily Census		335.4	129.0	2.60	161.6	2.08	147.5	2.27	135.3 2.48
Discharges To Private Residence/Average Daily Census		168.3	50.5	3.33	70.3	2.39	63.3	2.66	56.6 2.98
Residents Receiving Skilled Care		98.8	94.7	1.04	93.4	1.06	92.4	1.07	86.3 1.15
Residents Aged 65 and Older		94.5	96.2	0.98	91.9	1.03	92.0	1.03	87.7 1.08
Title 19 (Medicaid) Funded Residents		52.7	56.7	0.93	63.8	0.83	63.6	0.83	67.5 0.78
Private Pay Funded Residents		28.5	32.8	0.87	22.1	1.29	24.0	1.19	21.0 1.35
Developmentally Disabled Residents		0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		11.5	35.5	0.32	37.0	0.31	36.2	0.32	33.3 0.35
General Medical Service Residents		52.1	23.8	2.19	21.0	2.48	22.5	2.32	20.5 2.54
Impaired ADL (Mean)		49.1	50.4	0.97	49.2	1.00	49.3	1.00	49.3 1.00
Psychological Problems		67.9	54.7	1.24	53.2	1.27	54.7	1.24	54.0 1.26
Nursing Care Required (Mean)		6.7	6.9	0.98	6.9	0.97	6.7	1.00	7.2 0.94